## PATENT APPLICATION FFF DETERMINATION RECORD

Application or Docket Number

| Effective October 1, 2000 09/85289  |  |   |              |   |                     |                  |       |           |                        |         |                               |                        |
|---|--|---|--------------|---|---------------------|------------------|-------|-----------|------------------------|---------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |   |                     |                  |       |           | SMALL ENTITY TYPE      |         | OTHER<br>SMALL                |                        |
| TOTAL CLAIMS  |  |   | (30.0        |   | 表示 <u>第</u> 2000年   |                  | RAT   | E         | FEE                    | OR<br>1 | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED |   | NUMBER EXTRA        |                  | BASIC |           | <del> </del>           | OR      | BASIC FEE                     |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=    |   | *                   |                  | Vo    | `         |                        | 1       | X\$18=                        |                        |
|   |  |   |              |   | *                   |                  | X\$ 9 |           | <u> </u>               | OR      |                               |                        |
| INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM P  |  |   | minus 3 =    |   |                     |                  | X40   | X40=      |                        | OR      | X80=                          |                        |
| MIC   | LIPLE DEPE                                     | NDENT CLAIM P                             | HESENT       |   |                     |                  | +139  | +135=     |                        | OR      | +270=                         |                        |
| * If  | the difference                                 | in column 1 is                            | less than ze | zero, enter "0" in column 2                 |                     |                  | TOT   | ۹L        |                        | OR      | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II   |  |   |              |   |                     |                  |       |           |                        | •       | OTHER                         |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |              |   |                     |                  |       |           | ENTITY                 | OR      | SMALL                         |                        |
| AMENDMENT A   |  | CLAIMS REMAINING LL AFTER AMENDMENT       |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                     | PRESENT<br>EXTRA | RAT   | Ε         | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
| Š   | Total  | . 15                                      | Minus        | 21  | ව                   |                  | X\$ 9 | =         |                        | OR      | X\$18=                        |                        |
| ME  | Independent                                    | . 3                                       | Minus        | Minus5                                      |                     | =                | X40   | =         |                        | OR      | X80=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |              |   | CLAIM               |                  | +135  | _         |                        | OR      | +270=                         |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |              |   |                     |                  |       | TAL       |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|   |  |   |              |   |                     |                  |       | EE        |                        | •       | AUDIT. FEET                   |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUME<br>PREVIO<br>PAID I            |                     | PRESENT<br>EXTRA | RAT   | Ē         | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus        | **  |                     | =                | X\$ 9 | =         |                        | OR      | X\$18=                        |                        |
|   | Independent                                    | *   | Minus        | ***   | <del></del>         | =                | X40:  | _         |                        | OR      | X80≈                          |                        |
| Ľ   | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEF  | PENDENT                                     | CLAIM               |                  | +135  | <u> </u>  |                        | OR      | +270=                         |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |              |   |                     |                  |       | FAL<br>EE |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|   |  |   |              |   |                     |                  |       |           |                        |         |                               |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIO<br>PAID I           | EST<br>BER<br>JUSLY | PRESENT<br>EXTRA | RATI  |           | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **  |                     | =                | X\$ 9 | _         |                        | OR      | X\$18≃                        |                        |
| ME  | Independent                                    | •   | Minus        | ***   |                     | =                | X40=  | _         | [                      |         | X80=                          |                        |
| ۷   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |   |                     |                  |       | +         |                        | OR      |                               |                        |
| +135=   |  |   |              |   |                     |                  |       |           |                        | OR      | +270=                         |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in |  |   |              |   |                     |                  |       |           |                        |         | TOTAL<br>ADDIT, FEE<br>umn 1. |                        |